



Department of Medical Assistance Services
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MEDICAID MEMO

TO: All Providers of Case Management Services and MCOs
Participating in the Virginia Medical Assistance Programs

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special
DATE: 9/17/2008

SUBJECT: Moratorium on Federal Case Management Regulations

On April 4, 2008, the Department of Medical Assistance Services (DMAS) issued guidance in a Medicaid Memo advising case management providers to document total billable minutes for allowable case management services in order to comply with an "Interim Final Rule with Comment Period" (IFC) issued by the Centers for Medicare and Medicaid Services (CMS), effective March 3, 2008. On June 30, 2008, President Bush signed a Supplemental Appropriations Act (Public Law 110-252), which included a moratorium on the case management rule in regards to implementing the 15 minute unit until April 1, 2009. This means that it will not be necessary to document total billable minutes at this time.

Furthermore, in guidance furnished on April 18, 2008, CMS staff indicated that it intends "to propose modifications to the 15-minute increment provision of the IFC. Specifically, we intend to recommend that the final regulation permit an extended timeframe for implementation as well as additional flexibility with respect to units of service." CMS staff indicated that the "extended timeframe" would mean implementing the 15-minute unit for existing services effective March 3, 2010. CMS, however, will not take any action to finalize the rule until after the moratorium expires.

Finally, there may be other efforts to extend the moratorium that expires April 1, 2009.

DMAS may need to take additional action on or before the end of the current moratorium (April 1, 2009) but implementation of the 15 minute rule may be subsequently delayed as a result of an additional moratorium or a change to the case management rule. DMAS will notify case management providers of new developments.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy

prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.